

2008.433-T

196/79

Hi, Miss. Tricia DeSanty.

I'm Ahmad Salim Chatila; I Received my Returned Application from you; because I didn't put detail on area to be served; But I put it in my application on page number five I put Florence, SC; I mean Florence County, SC.

and about my insurance quote I, already make it and I fax it; by fax number on application

(803) 737-0801 and then I mail it to

Office of regulatory staff
Transportation Department

PO Box 11263

Columbia, SC 29211 and I will send a copy for it with

my return application. This all what you ask me for it,

IF you have any questions please call me at 843-206-9908

or mail it to me at 710 King Ave # B

Florence, SC 29501

Thank Miss Tricia DeSanty,

Ahmad Chatila

RECEIVED

SEP 2 1 2008

PSC SC
DOCKETING DEPT.

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was Assigned and should be entered above.

(Please type or print)

Submitted by: Ahmad S. Chatila
Address: 710-B King Ave
Florence, SC 29501

Telephone: (843) 206-9908

Fax: _____

Other: _____

Email: chatila-ahmad@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☒ Application – Class C Taxi
- ☐ Application – Class C Charter
- ☐ Application – Class C Charter Bus
- ☐ Application – Class C Non-Emergency
- ☐ Application – Class E Household Goods
- ☐ Application – Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED

NOV 24 2008

PSC SC
DOCKETING DEPT.

RECEIVED

~~NOV 17 2008~~

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

(Signature)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803)-896-5199)

CLASS C - TAXI

DATE 11-12 ~~11-12~~ 2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

AHMAD CHATILA

2. (a) Street Address of Applicant 710-B King Ave
Florence, SC 29501

(b) Mailing address, if different from street address Same

(c) Telephone Number (843) 206-9908

3. If incorporated, a copy of Articles of Incorporation must be attached (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: November Year: 2008

Assets:	
Cash	5,000
Receivables	0
Real Estate <u>HOME</u>	124,000
Buildings and Equipment-Net	
Motor Vehicles-Net	7,000
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	136,000.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	74,800
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	31,000
Total Liabilities	105,800.00
Capital Stock	
Retained Earnings	
Total Equity	30,200.00
Total Liabilities and Equity	136,000.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Florence

I, Ahmad S. Chatila
(Name of Applicant's Representative)

Owner
(Title)

cf _____, the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 13 day of November 2008

[Signature]
(Notary Public)

Ahmad Chatila
(Signature of Applicant's Representative)

Commission Expires: 10/19/2014

EXHIBIT C

CLASS C - TAXI _____

CHARTER _____

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Ahmad S. Chatila

For the transportation of passengers as follows:

Area to be served: Florence, SC (Florence; county; sc)

Number of passengers: Four to Six

Fares: ZON(1) 3.75 - ZON(2) 4.50 - ZON(3) 6.00 -
ZON(4) 8.50

Date 11-12-2008

Ahmad Chatila / Ahmed chatila
Applicant

Owner
Title

Rev.10/03

This is a copy.

INSURANCE QUOTE

The following insurance quote is for:

Canal
(Name of Motor Carrier)
400 E Stone Ave, Greenville SC 29602
(Address of Motor Carrier)

Amount of Premium: 3300
25 / 50 / 25
Liability Insurance

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

① - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Canal
(Insurance Company Name)
400, East Stone Ave, Greenville SC 29602
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11/18/08
Date

Kenneth W. Lacy
(Authorized Insurance Company Representative)

This insurance quote send from Mr. Ahmad Salim Chaitila

710 King Ave #B

Florence; SC 29501

843-2069908